

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SA		11/19/01
O.I.P.E. CLASSIFIER		43	11/19/01
FORMALITY REVIEW	MW	920	11-23-01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓	Rejected	N	..... Non-elected
=	Allowed	I	..... Interference
— (Through numeral)	Canceled	A	..... Appeal
÷	Restricted	O	..... Objected

Claim	Date
Final	
Original	6/6/98
1	✓
2	✓
3	✓
4	✓
5	0
6	0
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date				
Final Original					
101					
102					
103					
104					
105					
106					
107					
108					
109					
110					
111					
112					
113					
114					
115					
116					
117					
118					
119					
120					
121					
122					
123					
124					
125					
126					
127					
128					
129					
130					
131					
132					
133					
134					
135					
136					
137					
138					
139					
140					
141					
142					
143					
144					
145					
146					
147					
148					
149					
150					

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

0701  
11/26/61

BEST AVAILABLE COPY